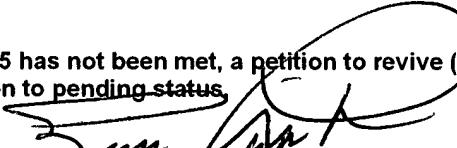


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| FORM PTO-1390<br>(REV. 9-2001)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE             | ATTORNEY'S DOCKET NUMBER<br>MM6021PCT |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       | U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>10/589797</b> |                                       |
| INTERNATIONAL APPLICATION NO.<br><b>PCT/FR05/050107</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INTERNATIONAL FILING DATE<br><b>February 21, 2005</b> | PRIORITY DATE CLAIMED<br><b>February 23, 2004</b>                   |                                       |
| TITLE OF INVENTION<br><b>MONITORING METHOD AND DEVICE BY SHADOWSCOPY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                                                                     |                                       |
| APPLICANT(S) FOR DO/EO/US: <b>Christophe CHAGNOT, a citizen of France</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |                                                                     |                                       |
| <p>Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</li> <li>4. <input checked="" type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))             <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).             <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3))</li> <li>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4))</li> <li>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5))</li> </ol> <p><b>Items 11 to 20 below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input type="checkbox"/> A <b>FIRST</b> preliminary amendment.</li> <li>14. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821 – 1.825.</li> <li>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li>20. <input checked="" type="checkbox"/> Other items or information: CERTIFICATE OF EXPRESS MAILING ON SEPARATE SHEET with Label No. <b>EV570883496US</b></li> </ol> |                                                       |                                                                     |                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                      |                  |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------|------------------|-----------|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INTERNATIONAL APPLICATION NO. | ATTORNEY DOCKET NUMBER               |                  |           |
| <b>10/589797</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>MM6021PCT</b>                     |                  |           |
| <p>21. <input checked="" type="checkbox"/> The following fees are submitted:</p> <p><b>BASIC NATIONAL FEE (37 CFR 1.492 (A) (1)-(5)):</b><br/>           Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO ..... \$1110.00</p> <p>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO \$1000.00</p> <p>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... \$790.00</p> <p>International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... \$100.00</p> |                               | <b>CALCULATIONS PTO USE ONLY</b>     |                  |           |
| <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>\$1000.00</b>                     |                  |           |
| Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 Months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               | \$                                   |                  |           |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NUMBER FILED                  | NUMBER EXTRA                         | RATE             | \$        |
| Total claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 23                            | 3                                    | x \$50.00        | \$ 150.00 |
| Independent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                             |                                      | x \$200.00       | \$ 000.00 |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                      | + \$360.00       | \$ 000.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>TOTAL OF ABOVE CALCULATIONS =</b> | <b>\$1150.00</b> |           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | +                                    | \$               |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>SUBTOTAL =</b>                    | <b>\$1150.00</b> |           |
| Processing fee of <b>\$130.00</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 Months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               | \$                                   |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>TOTAL National Fee =</b>          | <b>\$1150.00</b> |           |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               | +                                    | \$ 40.00         |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>TOTAL FEES ENCLOSED =</b>         | <b>\$1190.00</b> |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>Amount to be refunded:</b>        | \$               |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>Charged:</b>                      | <b>\$1190.00</b> |           |
| <p>a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.</p> <p>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>503814</u> in the amount of \$ <u>1190.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>503814</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING: Information on this form may become public. Credit card information should not be included in this form.</b> Provide credit card information and authorization on PTO-2038.</p>                    |                               |                                      |                  |           |
| <p>Note: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                      |                  |           |
| <p>SEND ALL CORRESPONDENCE TO: Eugene Lieberstein, Esq.<br/>           ANDERSON KILL &amp; OLICK, P.C.<br/>           1251 Avenue of the Americas<br/>           New York, NY 10020<br/>           Tel: 212-278-1000</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                      |                  |           |
| <p>SIGNATURE<br/> <u>Eugene Lieberstein</u><br/>           NAME<br/> <u>24,645</u><br/>           REGISTRATION NUMBER</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                      |                  |           |

## CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Christophe CHAGNOT

Docket No.  
10/589797  
MM6021PCT

|                 |                                      |          |              |                |
|-----------------|--------------------------------------|----------|--------------|----------------|
| Application No. | Filing Date<br>Concurrently Herewith | Examiner | Customer No. | Group Art Unit |
|-----------------|--------------------------------------|----------|--------------|----------------|

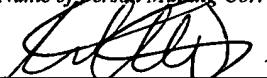
Invention: MONITORING METHOD AND DEVICE BY SHADOWSCOPY

I hereby certify that the following correspondence:

U.S. Nat'l Phase filing of PCT appl. transmittal ltr; 12-page English spec. incl. Abstract; 3 sheets of drawings (Figs. 1-5); Signed Declaration & POA; Assignment doc. w/recordation form cover sheet; IDS form PTO-1449 citing 4 references & copies of refs.; Required PCT Forms: ISA/220, ISA/210, ISA/213, ISA/237; WO 2005/085814 w/attached copy of PCT app as filed; INPI PCT Request; Cert. of Express Mailing; Authorization to charge fees to Deposit Acct.

*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

August 16, 2006*(Date)*Maggie McGarry*(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)*EV570883496US*("Express Mail" Mailing Label Number)*

Note: Each paper must have its own certificate of mailing.